

Contact Made: _____ In Person _____ Telephone & Form Mailed



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

VIOLATION FORM

☐ Zoning ☐ Floodplain ☐ Subdivision ☐ Lakeshore
Lake: _____

VIOLATOR/PROPERTY OWNERS NAME: _____

VIOLATOR/PROPERTY OWNERS ADDRESS: _____

LEGAL DESCRIPTION:

Assessor # : _____ Geocode: _____ COS# _____

Lot/Tract/Block # _____ S _____ T _____ R _____

Subdivision Name: _____

Zoning District: _____ Zoning Designation: _____

NATURE OF INQUIRY/VIOLATION: _____

*** ANY ADDITIONAL INFORMATION SHOULD BE INCLUDED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS FORM.**

REPORTING SOURCE NAME: _____

REPORTING SOURCE ADDRESS: _____

REPORTING SOURCE PHONE NUMBER: _____

REPORTING SOURCE SIGNATURE: _____

DATE: _____

**Be advised that by signing this form you will be held accountable to participate in any litigation brought forth by the County Attorney as a result of the submittal of this form. You may be called upon to recall the violations that were witnessed firsthand. If you do not sign the form then no legal action will be pursued and the complaint will not be looked into any further.*